

1025 State Street  
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Bowling Green, KY 42102-9547  
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Fax: (270) 782-5856

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# Fax

**To:** U.S. Patent and Trademark Office  
Attn: Carolyn Blake

**From:** Laura M. Hagan  
Reg. No. 38,902

**Fax:** 571-273-8300

**Pages:** 8

**Re:** Bosse/Shoffner  
Lock Removal Tool  
Serial No. 10/658,338

**Date:** February 21, 2007

**CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below:

Stephanie VanBuren  
Person Signing

Stephanie VanBuren  
Signature

2-21-07  
Date

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PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

7

Application Number

10/658,338

Filing Date

09/10/2003

First Named Inventor

Bosse

Art Unit

3724

Examiner Name

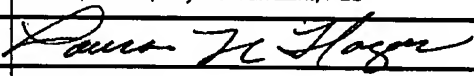
Blake, Carolyn T.

Attorney Docket Number


**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks</b> Amendment to Claims		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Kerrick, Stivers, Coyle & Van Zant, PLC		
Signature			
Printed name	Laura M. Hagan		
Date	02-21-2007	Reg. No.	38,902

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Stephanie Van Buren	Date	02-21-2007

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Application: 10/658,338

Unit No.: 3724

Title: Lock Removal Tool

Examiner: Blake, Carolyn T.

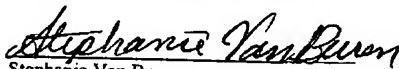
Inventor: Bosse

Filing Date: 09/11/2003

Our File No.: 05-126

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Date: February 21, 2007

Commissioner for Patents  
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Alexandria, VA 22313-1450

## AMENDMENT

Dear Ms. Blake:

In response to the Office Action of February 5, 2007, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.